



How does Ohio do?





Vision

To influence the improvement of health and well-being for all Ohioans.

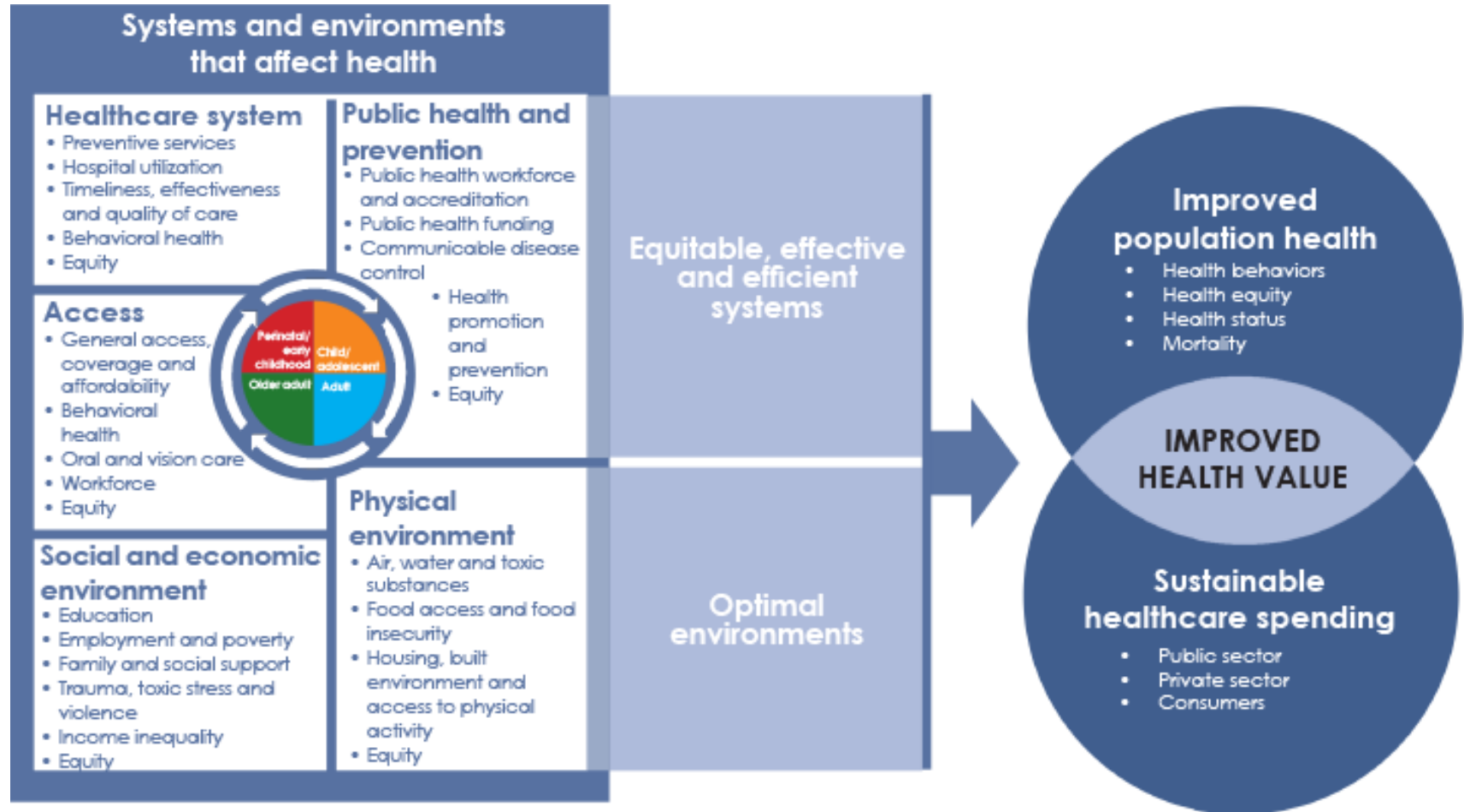
Mission

To provide the independent and nonpartisan analysis needed to create evidence-informed state health policy.







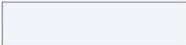
Pathway to improved health value



World Health Organization definition of health: Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.



	America's Health Rankings	Commonwealth Scorecard	County Health Rankings	Kaiser State Health Facts	Gallup-Healthways Wellbeing Index	RWJF DataHub	HPIO
Population health	adequately covered	adequately covered	adequately covered	adequately covered	adequately covered	adequately covered	adequately covered
Healthcare spending	not covered	minimally covered	not covered	adequately covered	not covered	adequately covered	adequately covered
Healthcare system	adequately covered	adequately covered	adequately covered	adequately covered	not covered	adequately covered	adequately covered
Access	adequately covered	adequately covered	adequately covered	adequately covered	adequately covered	adequately covered	adequately covered
Social and economic environment	adequately covered	not covered	adequately covered	adequately covered	adequately covered	adequately covered	adequately covered
Physical environment	adequately covered	not covered	adequately covered	not covered	adequately covered	not covered	adequately covered
Public health and prevention	minimally covered	not covered	not covered	not covered	not covered	minimally covered	adequately covered
Health value	not covered	not covered	not covered	not covered	not covered	not covered	adequately covered

 = adequately covered  = minimally covered  = not covered

What makes this different?

- ✓ Includes spending
- ✓ Comprehensive set of health determinants
- ✓ Concise at-a-glance format for policymaker audience



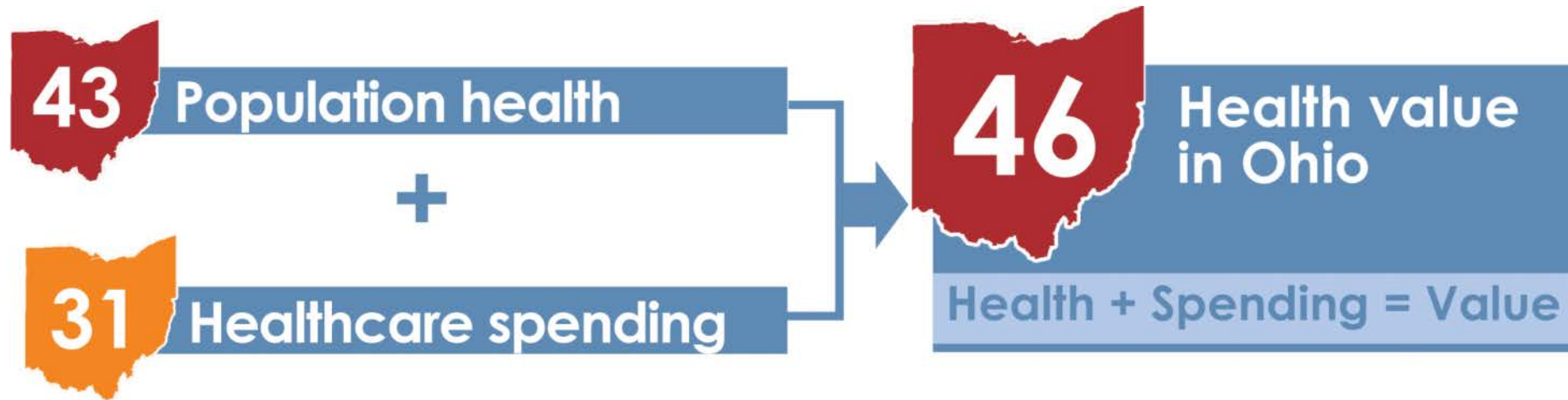
Data in context

	Examples
Rankings	
Progress and trends	Greatly improved
Highlighting other states	Most improved state(s) <hr/> TN, NV, LA
Disparities and inequities	<div>Little to no disparity</div> <div>Medium disparity</div> <div>Large disparity</div>

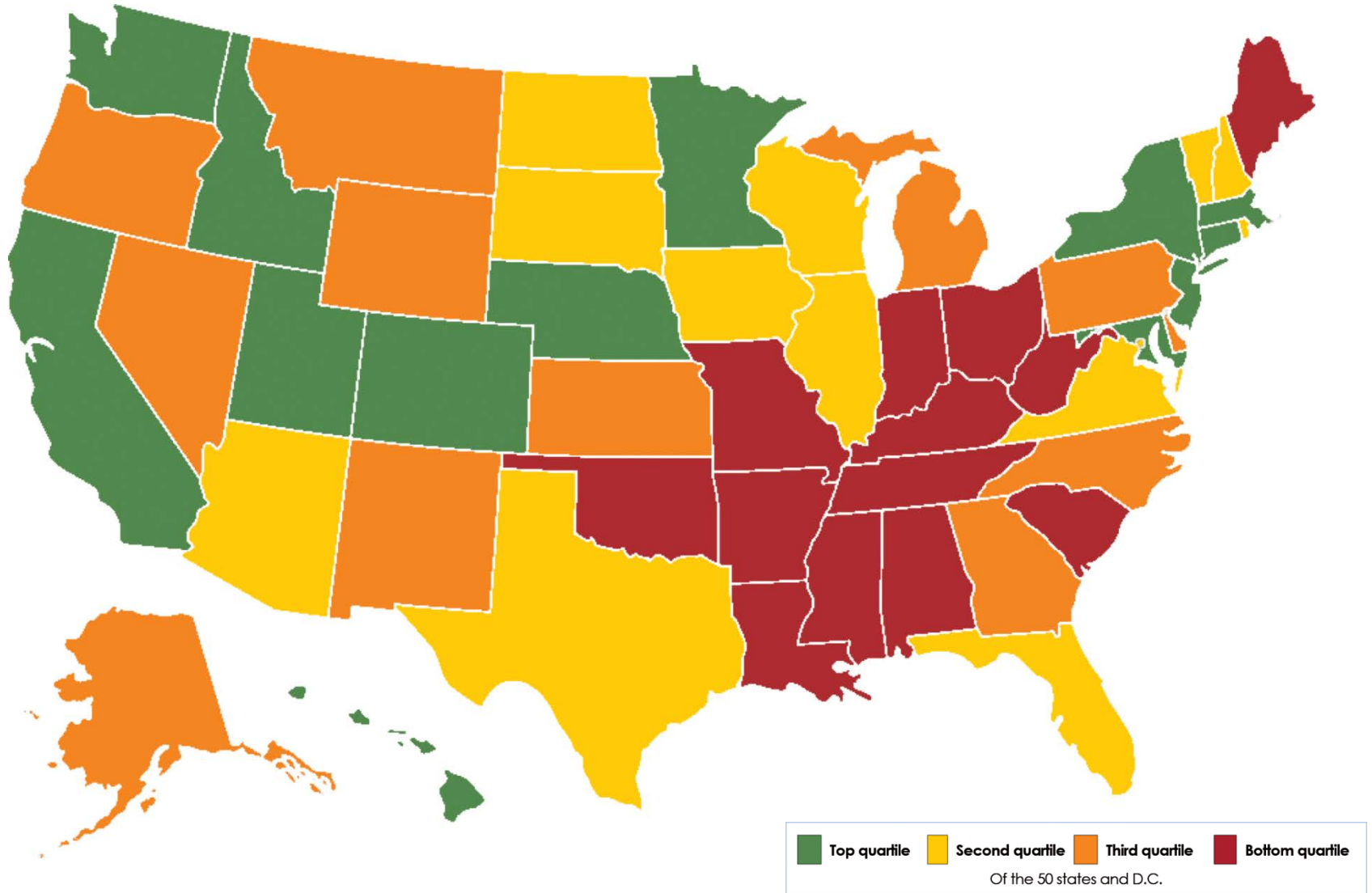
How does Ohio do?



Where does Ohio rank?

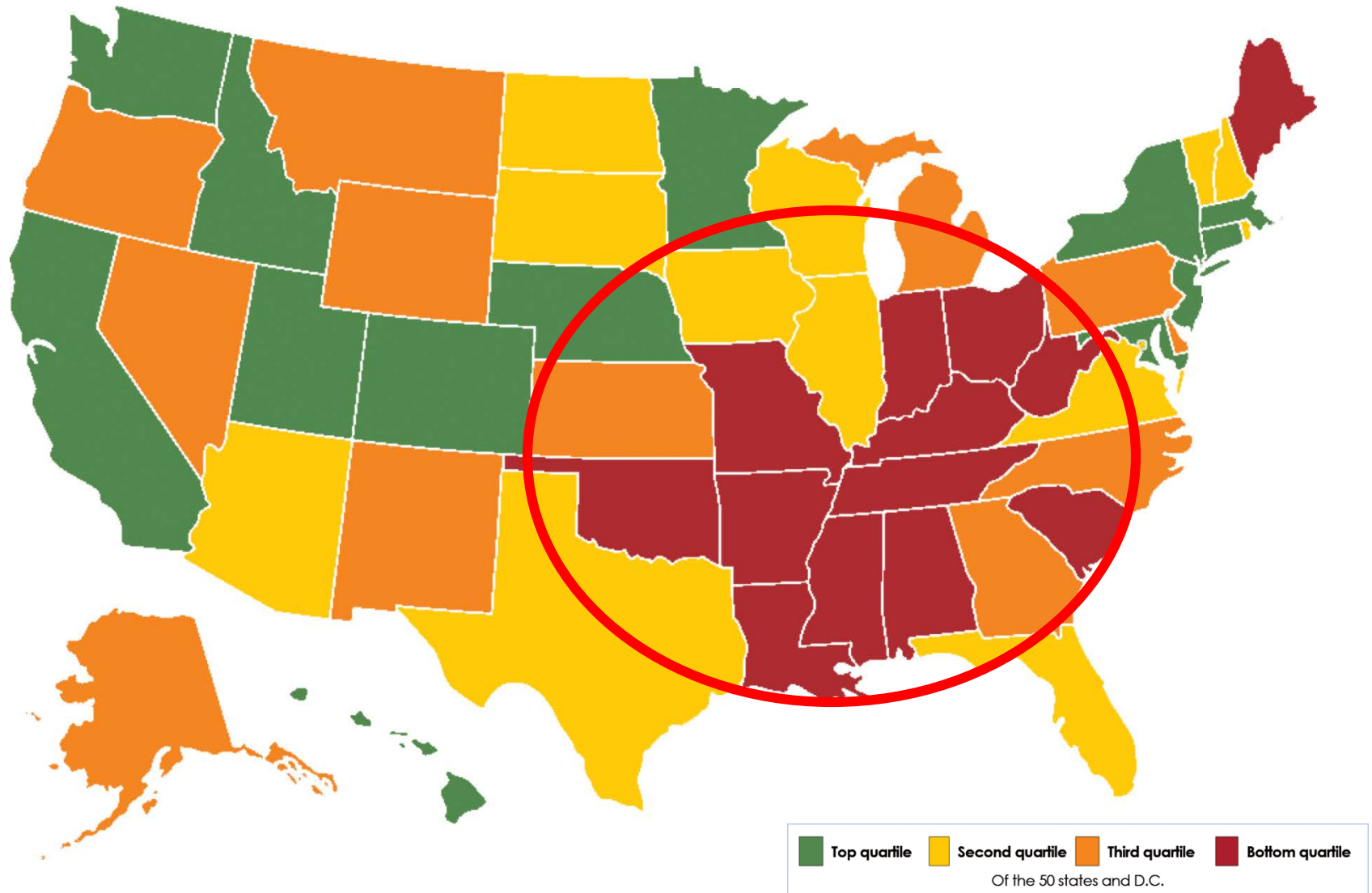


Where do other states rank on population health?

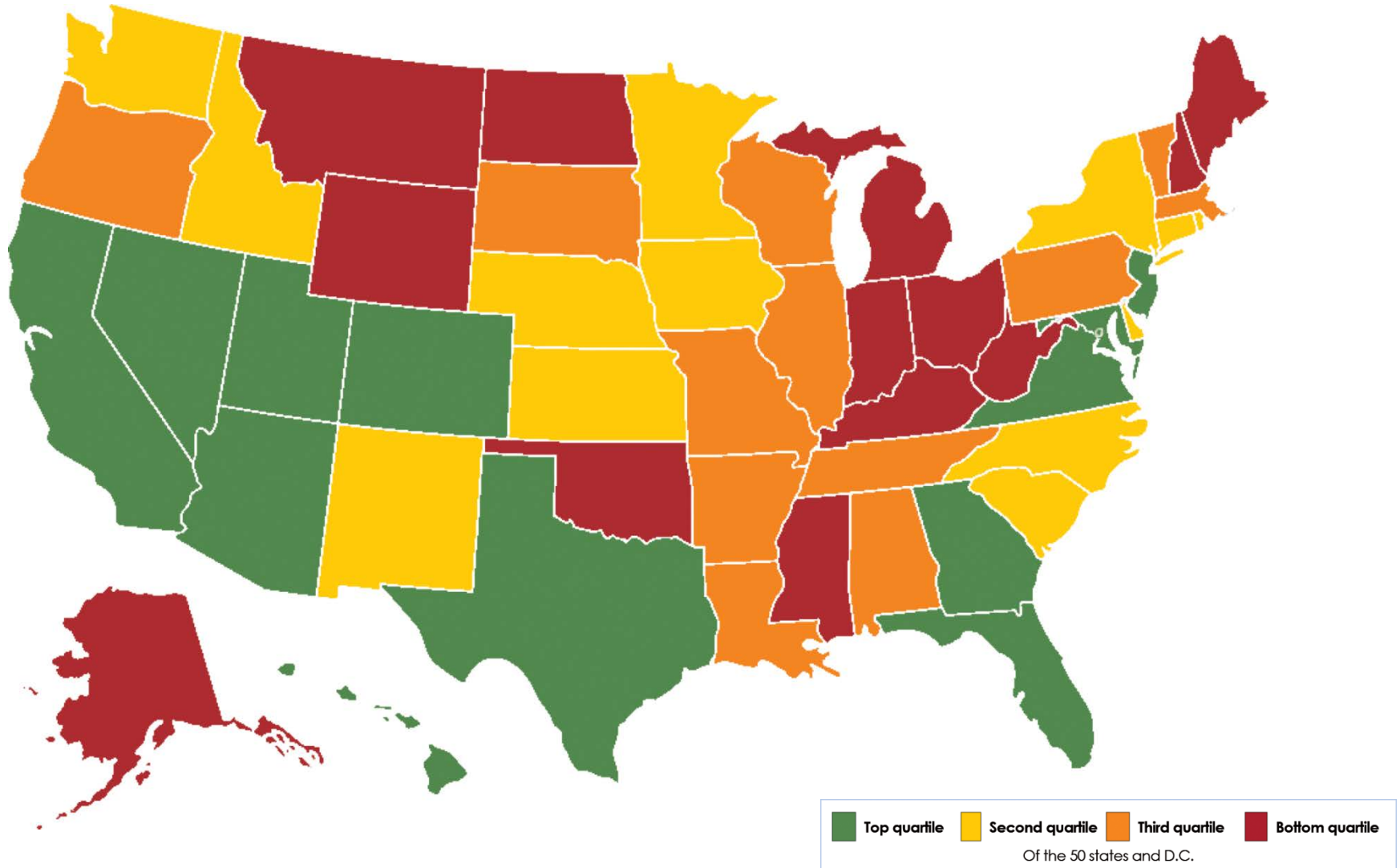


Where do other states rank on population health?

The Appalachian region and parts of the South tend to have the worst population health outcomes

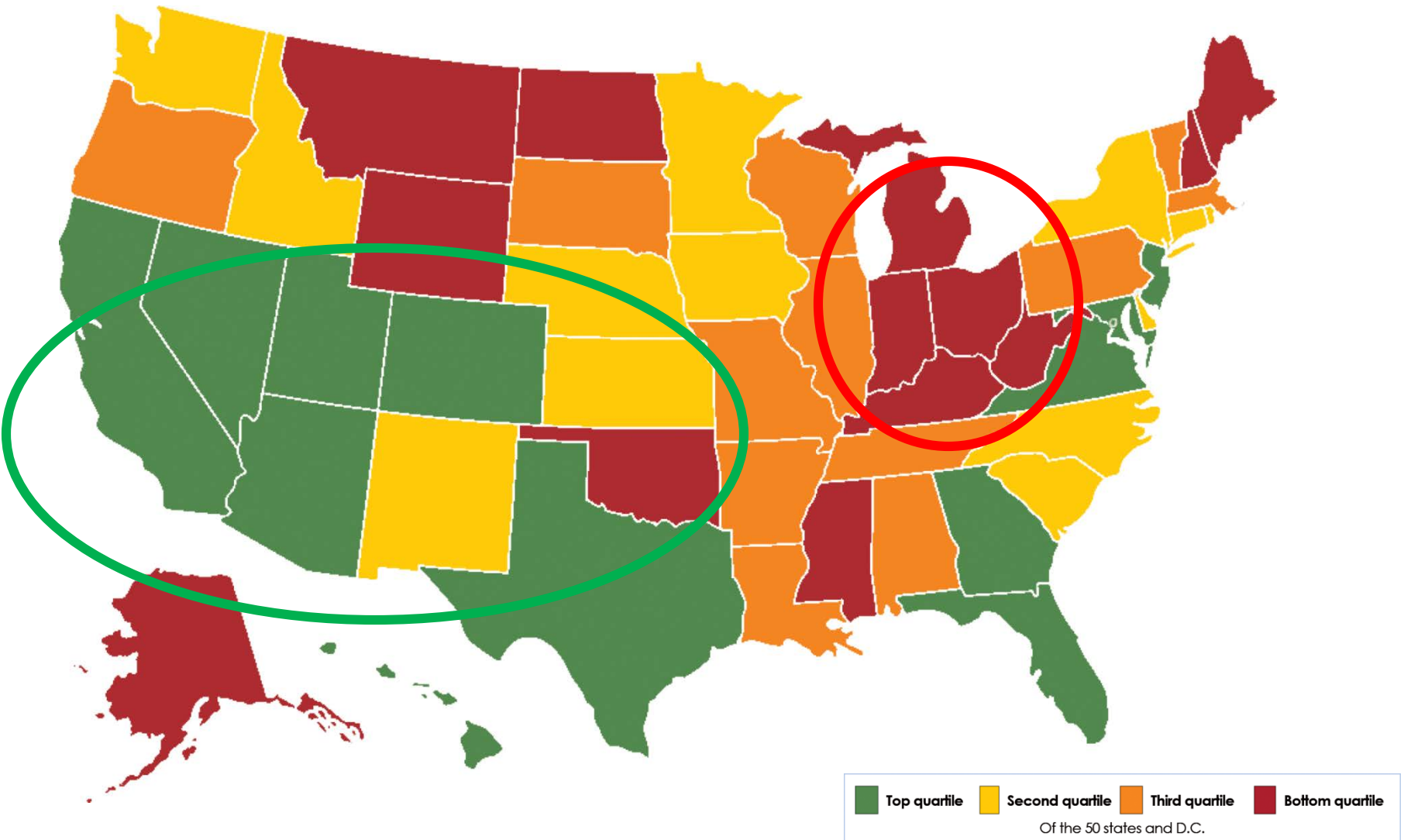


Where do other states rank on health value?



Where do other states rank on health value?

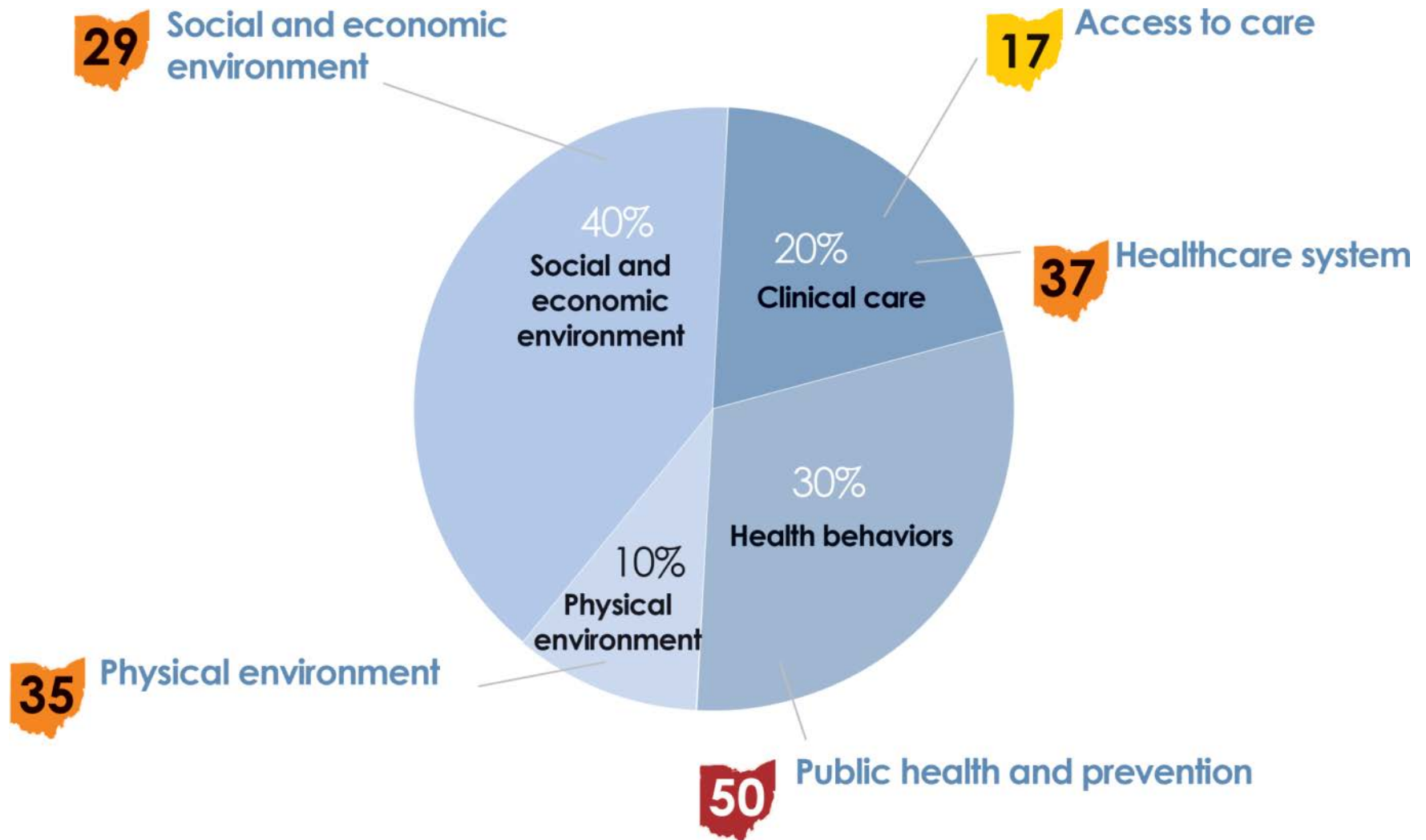
There is wider geographic variation in health value rank





Why does Ohio rank so poorly?

Ohio performs poorly on many of the factors that impact health value



Key findings: Trends

Ohio is moving in the right direction overall



Percent of metrics that improved or worsened, not including healthcare spending

Key findings: Strengths

Metric	Ohio's rank	Trend
Uninsured adults (2014)	13	Moderately improved
Unable to see doctor due to cost (2015)	13	Greatly improved
Heart failure readmissions for Medicare beneficiaries (2014)	17	Greatly improved
Youth marijuana use (2014)	18	Greatly improved
Unemployment (2015)	21	Greatly improved



Key findings: Challenges

Metric	Ohio's rank	Trend
Infant mortality (rank-2014, trend-2015)	39	Moderately worsened
Cardiovascular disease mortality (2015)	40	No change
Adult smoking (2015)	43	Moderately improved
Food insecurity (2013-2015)	45	No change
Drug overdose deaths (2015)	49	Greatly worsened
Average monthly marketplace premiums, after advanced premium tax credit (2016)	38 (out of 38)	Greatly increased

2017 Health Value Dashboard™

Health equity profiles

This section examines health disparities and inequities across a set of 29 metrics by race and ethnicity, income level, education level and disability status through a series of equity profiles. Population groups and metrics examined were selected in partnership with the Dashboard Health Measurement Advisory Group (HMAG) equity workgroup. Disparity ratios are used in the equity profiles to compare groups with the worst outcomes to groups with the best outcomes to identify Ohio's greatest health disparities and inequities.

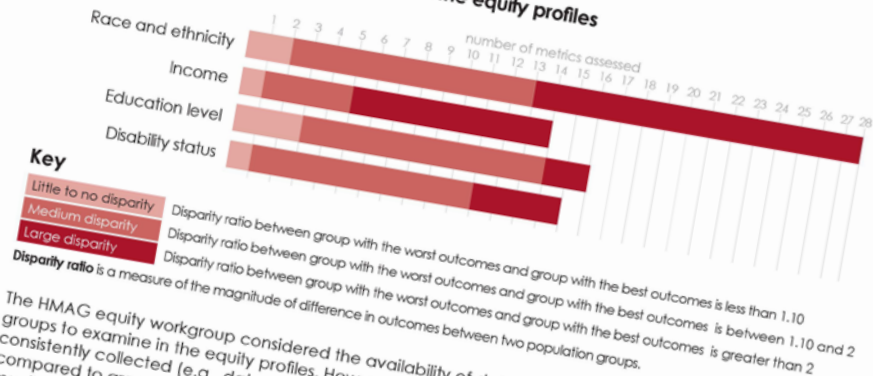
- The equity profiles provide information on disparities and inequities across:
- Population health
 - Access to care
 - Healthcare system
 - Public health and prevention
 - Social and economic environment
 - Physical environment



Ohio's journey towards health equity

Achieving health equity requires a focus on eliminating health disparities and inequities across population groups. **Health disparities** are differences in health status among segments of the population such as by race or ethnicity, education, income or disability status. **Health inequities** are disparities that are a result of systemic, avoidable and unjust social and economic policies and practices that create barriers to opportunity.

Data availability for population groups in the equity profiles

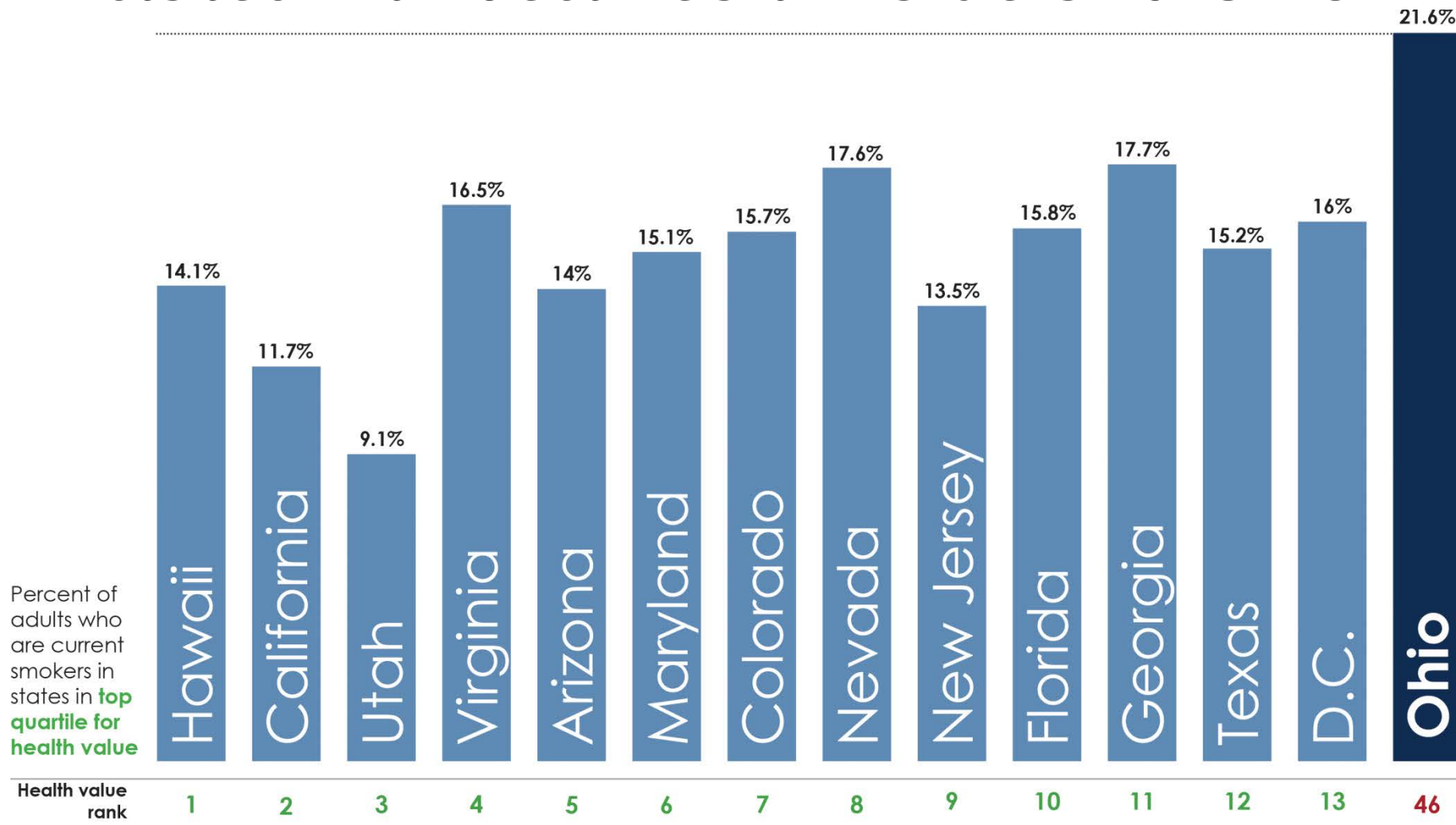


Key

- Little to no disparity: Disparity ratio between group with the worst outcomes and group with the best outcomes is less than 1.10
- Medium disparity: Disparity ratio between group with the worst outcomes and group with the best outcomes is between 1.10 and 2
- Large disparity: Disparity ratio between group with the worst outcomes and group with the best outcomes is greater than 2

The HMAG equity workgroup considered the availability of data in the selection of population groups to examine in the equity profiles. However, even among these groups, data is not always consistently collected (e.g., data was available for more metrics by race and ethnicity as compared to groups by education level, income level or disability status). Data collection and monitoring across a wider set of population groups (including geography, age, gender and sexual orientation) is necessary to establish a foundation for achieving health equity.

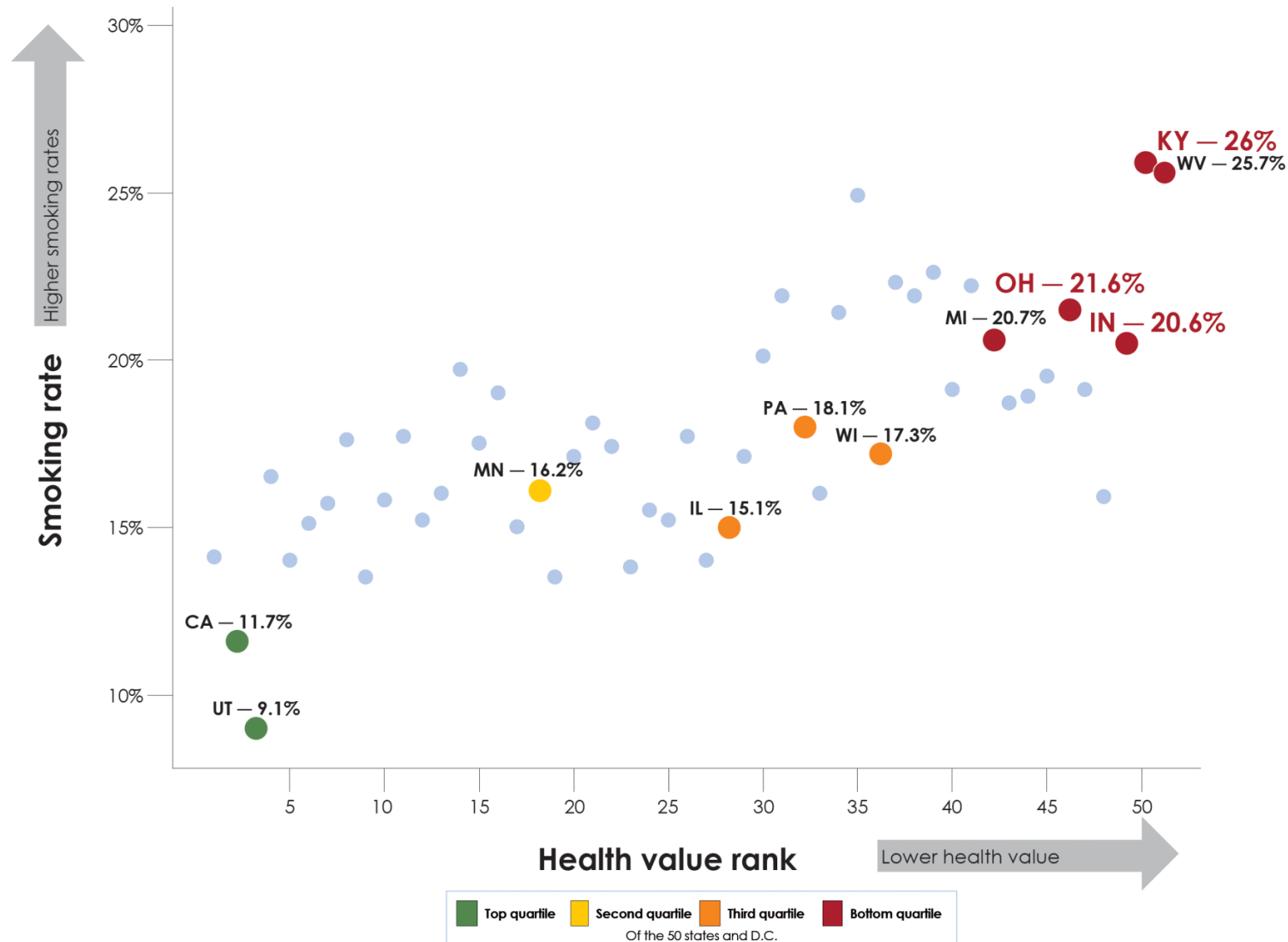
Percent of adults who are current smokers: In states with best health value and Ohio



Source: HPIO 2017 Health Value Dashboard (value), 2015 BRFSS (smoking)

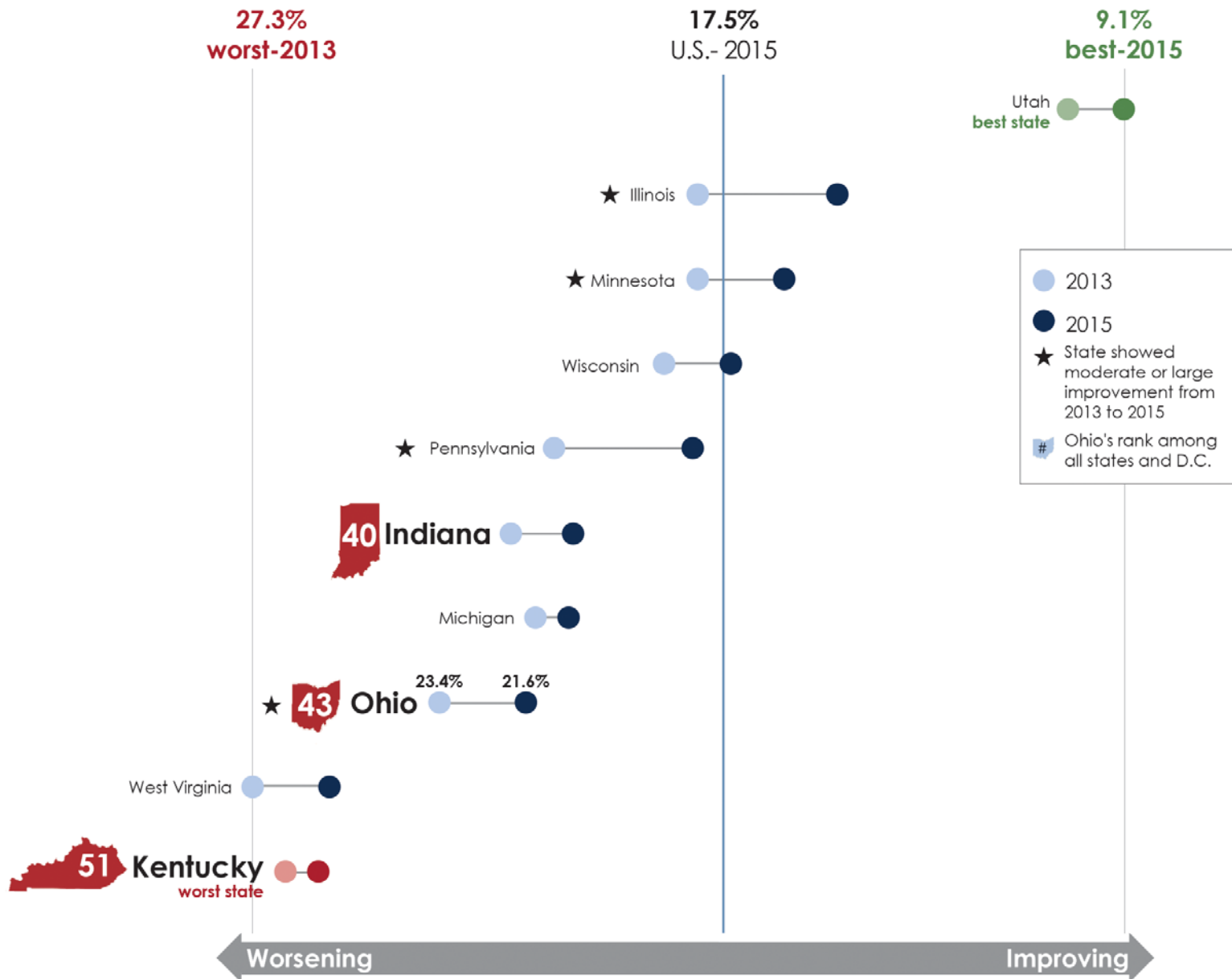
Smoking rate and health value rank

2015 adult smoking rate and 2017 health value rank ($r = .70$)



Source: HPIO 2017 Health Value Dashboard (value), 2015 BRFSS (smoking)

Percent of population age 18 and older that are current smokers



Source: Behavioral Risk Factor Surveillance System



Where do we go from here?





Three overlapping maps of the state of Ohio, each in a different shade of blue (light, medium, and dark), are layered on top of each other, creating a sense of depth and movement. The maps are slightly offset from one another.

Ohio 2016 STATE HEALTH ASSESSMENT



Ohio 2017-2019 state health improvement plan (SHIP)

Overall health outcomes

↑ Health status

↓ Premature death

3 priority topics

Mental health and
addiction

Chronic disease

Maternal and
infant health

10 priority outcomes

↓ Depression
↓ Suicide
↓ Drug
dependency/
abuse
↓ Drug overdose
deaths

↓ Heart disease
↓ Diabetes
↓ Child asthma

↓ Preterm births
↓ Low birth weight
↓ Infant mortality

Equity: Priority populations for each outcome above

Ohio 2017-2019 state health improvement plan (SHIP)

Overall health outcomes

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- ↓ Preterm births
- ↓ Low birth weight
- ↓ Infant mortality

Priority: For each outcome above

TOBACCO



Recommended sources of evidence-based strategies

Community
Guide (CDC)

What Works for
Health (U of WI)

Hi-5: Health
Impact in 5
Years (CDC)

6/18:
Accelerating
Evidence into
Action (CDC)

WA State
Institute for
Public Policy

Community
Health Advisor
(RWJF)

Approaches most likely to yield positive outcomes



Improve Ohio's social and economic environment

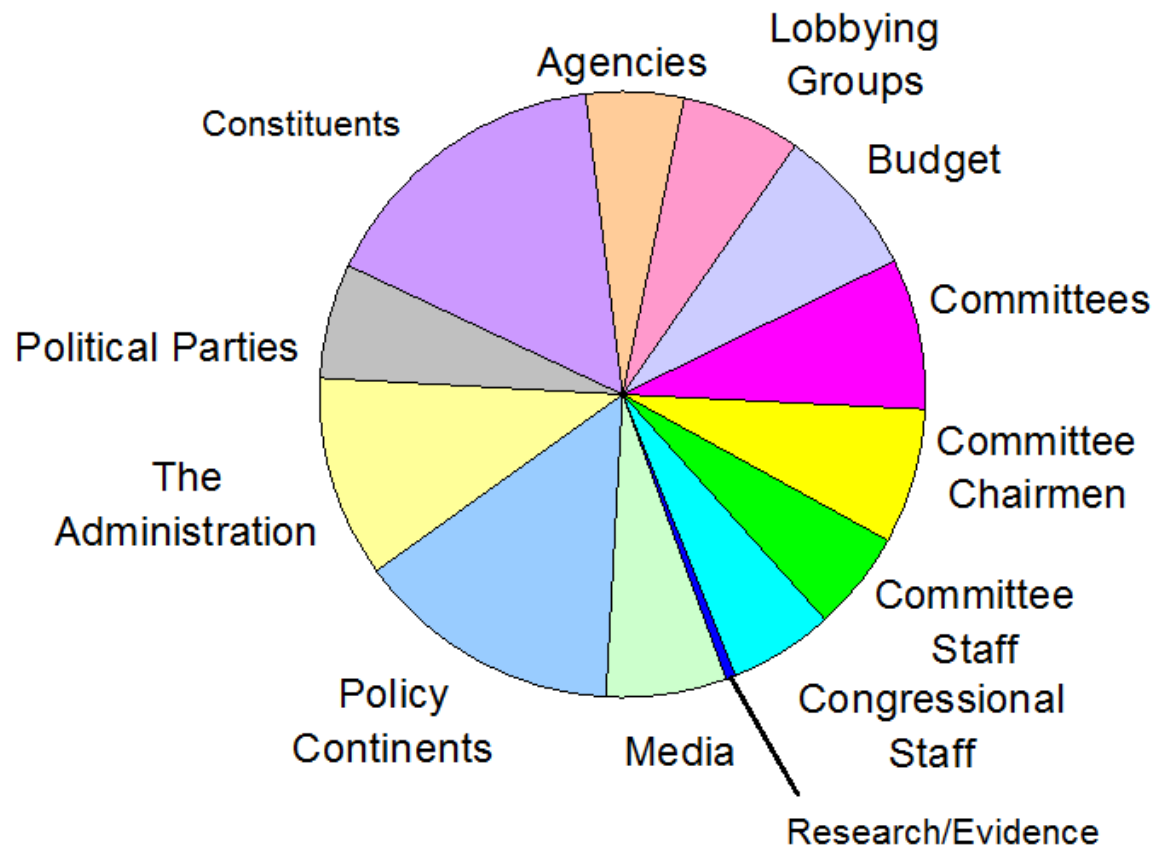


Strengthen Ohio's commitment to public health and prevention



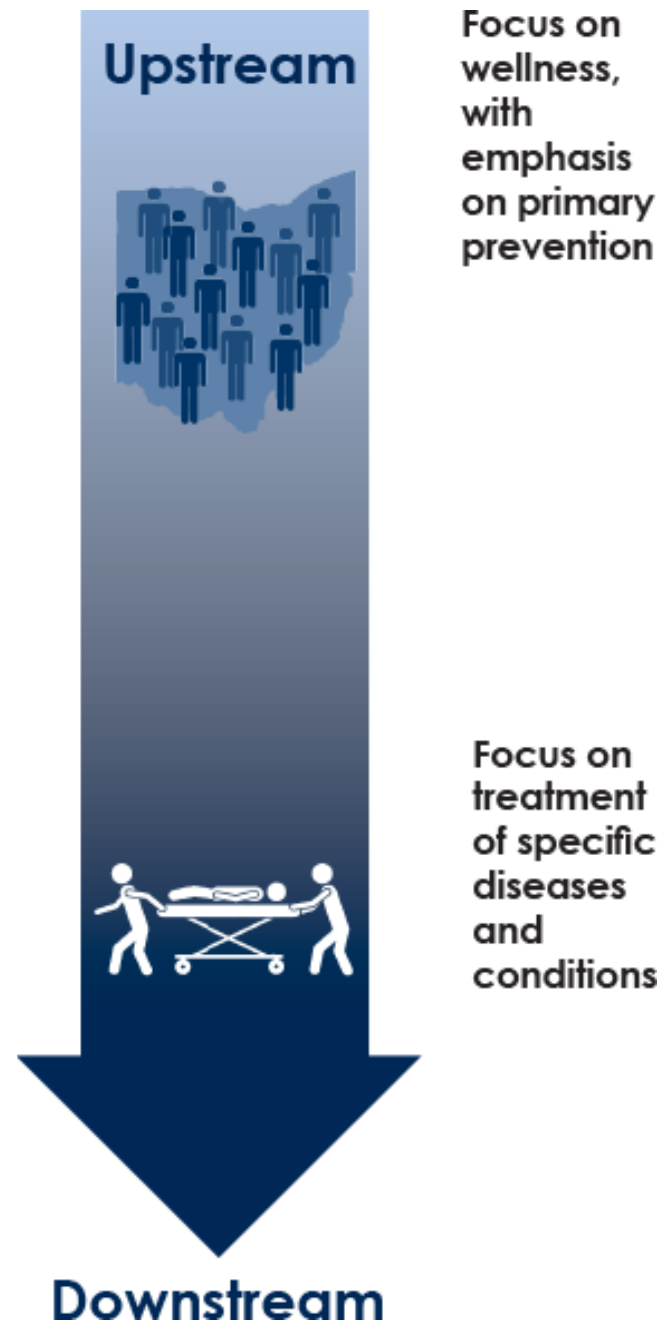
Start early with children and families

Factors that Influence Policy Decisions

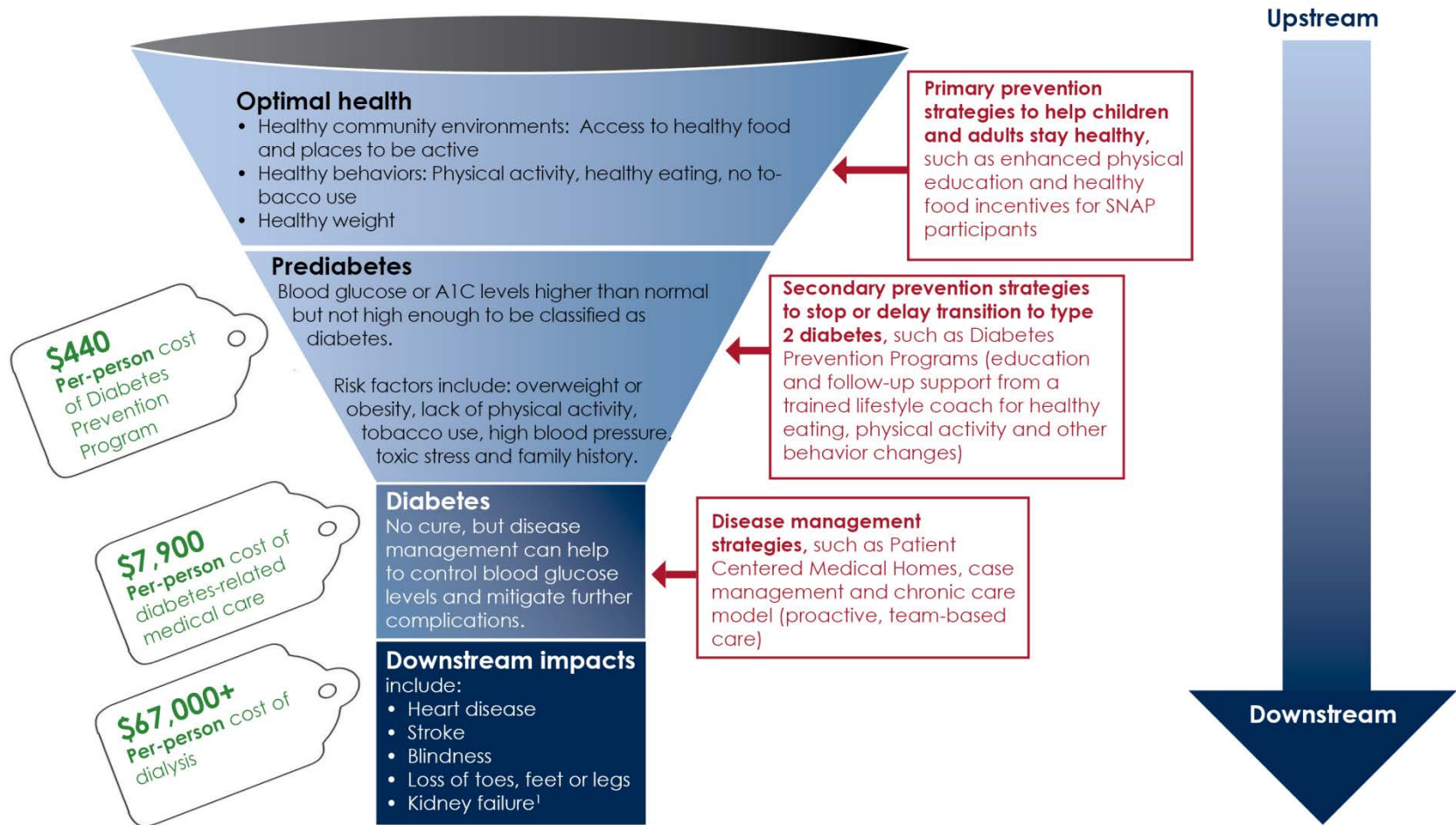




Going upstream to improve population health

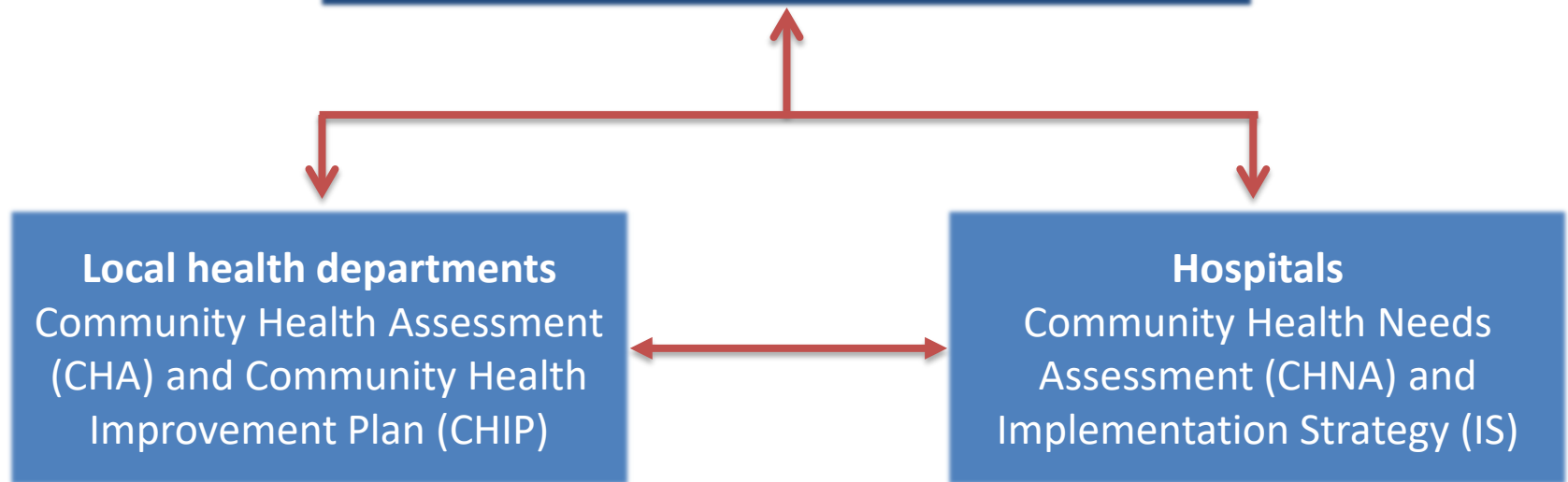


Diabetes prevention example

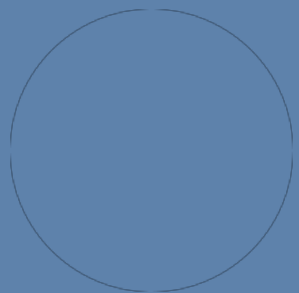




**State Health Assessment (SHA)
State Health Improvement Plan (SHIP)**







What can **you** do?



1

Focus on Ohio's leading health challenges



2

Tap into existing
sources of
evidence and/or
contribute new
evidence
through research



3

Work upstream
to address root
causes



4

**Align and
collaborate**
with others
doing similar
work



5

Engage in the policymaking process

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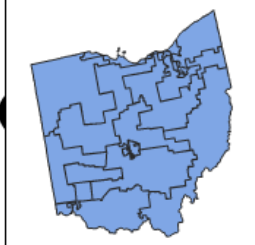
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Ohio Policymaking Basics



Description

This on-line self-study course consists of a single module that will introduce participants to the process, structure, actions, and decision-making bodies related to policy in Ohio. This module is designed as self-paced, interactive, independent learning and focuses on wellness and prevention issues.

Upon completion, participants will be able to:

- Define public policy
- Identify three examples of public policy related to wellness and prevention

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